

**Attachment No. 2 to Policy Memorandum No. 5 - Fiscal Year 2007**

Competencies/Education Profile Forms

Competencies/Education Profile Form      Information Technology Special Compensation Plan  
**Management Roles: Page#1**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Classification Title: \_\_\_\_\_ PIN : \_\_\_\_\_

Agency: \_\_\_\_\_

Rating Supervisor: \_\_\_\_\_ PIN: \_\_\_\_\_

1<sup>st</sup> Level Reviewer: \_\_\_\_\_ PIN: \_\_\_\_\_

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<b>Competencies/Behavior Indicators</b>	<b>Indicate for each checked competency:</b>
<i>Please check those to be measured:</i>	(Y) Yes    (N) No    Value Added

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<input type="checkbox"/>	Adaptability: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Coaching and Developing Others: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Decisive Insight: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Holding People Accountable: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Impact and Influence: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Information Gathering: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Vision Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Leadership: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: \_\_\_\_\_ to: \_\_\_\_\_  
 Signatures (at the beginning of the measurement period):

Employee	Date	Rating Supervisor	Date

  

1 <sup>st</sup> Level Reviewer	Date

Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

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**SUMMARY for Submission**

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For the measurement period from: \_\_\_\_\_ to: \_\_\_\_\_ this employee received a rating of Yes for value added on \_\_\_\_ competencies and completed \_\_\_\_ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year \_\_\_\_\_.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 <sup>st</sup> Level Reviewer	_____ Date		



Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

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**SUMMARY for Submission**

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For the measurement period from: \_\_\_\_\_ to: \_\_\_\_\_ this employee received a rating of Yes for value added on \_\_\_\_ competencies and completed \_\_\_\_ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year \_\_\_\_\_.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 <sup>st</sup> Level Reviewer	_____ Date		

Competencies/Education Profile Form    Information Technology Special Compensation Plan  
**Operations and Support Roles: Page#1**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Classification Title: \_\_\_\_\_ PIN : \_\_\_\_\_

Agency: \_\_\_\_\_

Rating Supervisor: \_\_\_\_\_ PIN: \_\_\_\_\_

1<sup>st</sup> Level Reviewer: \_\_\_\_\_ PIN: \_\_\_\_\_

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**Competencies/Behavior Indicators**

**Indicate for each checked competency:**

*Please check those to be measured:*

(Y) Yes    (N) No    Value Added

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<input type="checkbox"/>	Analytical Thinking/Attention to Detail: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Business Perspective: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Communication: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Customer Advocate: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating Effective Relationships: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to Learn: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Fostering Innovation: _____ _____	<input type="checkbox"/>
<input type="checkbox"/>	Personal Accountability: _____ _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: \_\_\_\_\_ to: \_\_\_\_\_

Signatures (at the beginning of the measurement period):

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Employee	Date	Rating Supervisor	Date
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1 <sup>st</sup> Level Reviewer	Date
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Competencies/Education Profile Form      Information Technology Special Compensation Plan  
**Operations and Support Roles: Page#2**

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Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

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**SUMMARY for Submission**

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For the measurement period from: \_\_\_\_\_ to: \_\_\_\_\_ this employee received a rating of Yes for value added on \_\_\_\_ competencies and completed \_\_\_\_ contact hours of education/training and therefore is eligible to receive an Increased Value Compensation as allowed by this agency for Fiscal Year \_\_\_\_\_.

Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 <sup>st</sup> Level Reviewer	_____ Date		

Competencies/Education Profile Form      Information Technology Special Compensation Plan  
**System Delivery Roles: Page#1**

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Classification Title: \_\_\_\_\_ PIN : \_\_\_\_\_

Agency: \_\_\_\_\_

Rating Supervisor: \_\_\_\_\_ PIN: \_\_\_\_\_

1<sup>st</sup> Level Reviewer: \_\_\_\_\_ PIN: \_\_\_\_\_

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<b>Competencies/Behavior Indicators</b>	<b>Indicate for each checked competency:</b>
<i>Please check those to be measured:</i>	(Y) Yes   (N) No   Value Added

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<input type="checkbox"/>	Analytical Thinking/Attention to Detail: _____	<input type="checkbox"/>
<input type="checkbox"/>	Business Perspective: _____	<input type="checkbox"/>
<input type="checkbox"/>	Communication: _____	<input type="checkbox"/>
<input type="checkbox"/>	Customer Advocate: _____	<input type="checkbox"/>
<input type="checkbox"/>	Facilitating Effective Relationships: _____	<input type="checkbox"/>
<input type="checkbox"/>	Willingness to Learn: _____	<input type="checkbox"/>
<input type="checkbox"/>	Personal Accountability: _____	<input type="checkbox"/>
<input type="checkbox"/>	Project Performance: _____	<input type="checkbox"/>

Measurement period for competencies to be accomplished: \_\_\_\_\_ to: \_\_\_\_\_  
 Signatures (at the beginning of the measurement period):

Employee	Date	Rating Supervisor	Date
1 <sup>st</sup> Level Reviewer	Date		



Education/Training Contact Hours <i>Course/Conference Title</i>	Indicate number of contact hours for each education/training item listed:
1. _____	<input type="text"/>
2: _____	<input type="text"/>
3: _____	<input type="text"/>
4: _____	<input type="text"/>
5: _____	<input type="text"/>
6: _____	<input type="text"/>
7: _____	<input type="text"/>
TOTAL HOURS: <input type="text"/>	

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**SUMMARY for Submission**

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Signatures (at the end of the measurement period):

_____ Employee	_____ Date	_____ Rating Supervisor	_____ Date
_____ 1 <sup>st</sup> Level Reviewer	_____ Date		